

Financial Institutions Proposal Form

PRIVATE EQUITY/VENTURE CAPITAL

Please provide with this proposal form the most recent copies of the following documents:

- Insured's audited annual report & accounts and any additional applicable filed financials
- Organisational structure chart
- For all Funds: prospectus, financial statements and performance reports
- Biographies of the principal directors
- Due diligence questionnaire
- Any supplementary information which is material to the response of the questions

Insured Information

1. Name of the Insured:

2. Name of the parent company (*if applicable*):

3. Principal address:

4. Website address:

5. Date of establishment: / /

6. Are there any shareholders who own more than 10% of the issued shares in the Insured?

Yes No

If **'YES'**, please provide details of the shareholders and the percentage of shares held:

7. Has the Insured been the subject of any merger and/or acquisitions during the past three years?

If **'YES'**, please provide details:

8. Has the Insured revealed publicly that it is the subject of any pending merger and/or acquisition?

If **'YES'**, please provide details:

9. Please state the total number of full-time employees and offices in each location:

	Employees	Offices
UK	<input type="text"/>	<input type="text"/>
Europe	<input type="text"/>	<input type="text"/>
US	<input type="text"/>	<input type="text"/>
Canada	<input type="text"/>	<input type="text"/>
South America	<input type="text"/>	<input type="text"/>
Africa	<input type="text"/>	<input type="text"/>
Asia	<input type="text"/>	<input type="text"/>
Oceania	<input type="text"/>	<input type="text"/>
Middle East	<input type="text"/>	<input type="text"/>
Eastern Europe	<input type="text"/>	<input type="text"/>
Caribbean	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>

Fund Activities

10. Please describe the overall investment strategy:

11. Please state the total committed capital for which coverage is requested:

12. Please complete the table below for each fund for which cover is requested:

	Fund 1	Fund 2	Fund 3	Fund 4	Fund 5
Name of Fund					
Date of Establishment					
Domicile					
Investment Term					
Listed/Unlisted					
Committed Capital					
Called Capital					
No. of Investments					
No. of Realised Investments					
Gross Annualized IRR					
Cost Multiple					

13. Please state the percentage split of committed capital invested in the locations identified below:

Percentage split	
UK	%
Europe	%
US	%
Canada	%
South America	%
Africa	%
Asia	%
Oceania	%
Middle East	%
Eastern Europe	%
Caribbean	%
Total	100%

14. Please state the percentage split by limited partner domicile:

% of committed capital	
Europe	%
USA	%
Rest of World	%
Total	100%

15. Please state the percentage split by limited partner type:

% of committed capital	
Institutional	%
Retail	%
Other	%
Total	100%

16. Is there any plan to create or acquire a new fund within the next 12 months? Yes No
If 'YES', please provide details:

17. Please provide details of the deal selection process and due diligence procedures involved prior to investment:

18. What proportion of limited partners in the Insured's most recent fund have invested in previous funds of the Insured?

19. How are conflicts managed in the event of sales of portfolio companies between funds of the Insured?

20. Does the Insured obtain annual independent external valuations of portfolio company investments?

Yes No

If **'NO'**, please provide details of the valuation process:

21. Has there been any loan covenant breaches, lines of credit withdrawn or any credit facility materially altered in respect of funds and/or portfolio companies?

Yes No

If **'YES'**, please provide details including the debt refinancing information:

Risk Management

23. a. Is there an agreed internal audit plan? Yes No
b. Have all material recommendations arising from the internal audit plan been implemented?
 Yes No
If **'NO'**, to either of the above, please provide details:
24. a. Please state the name of the external audit company used:

b. Have all recommendations made by the external audit company been implemented?
 Yes No
If **'NO'**, please provide details:
25. a. Please state the Insured's primary regulator:
b. When was the Insured's most recent regulatory review?
c. Have all recommendations arising from the most recent regulatory review been implemented?
 Yes No
If **'NO'**, please provide details:
26. Does the Insured have compliance procedures to ensure all staff comply with the regulatory rules, principles, codes and guidelines?
 Yes No
27. Does the Insured have a business continuity plan that is regularly reviewed, updated and tested?
 Yes No

28. Is there an IT cyber security plan in place that is regularly reviewed, updated and tested?
 Yes No
29. Are the duties of each employee arranged so that no one employee is permitted to control any transaction from commencement to completion?
 Yes No
30. Is there a social engineering fraud risk management strategy in place?
 Yes No
31. Does the Insured's computer system automatically prevent breaches of investment mandates or engagement letters?
 Yes No

If **'NO'**, questions 26 to 31, please explain:

32. Does the insured have an ESG policy? Yes No
33. Are any of the funds labelled as ESG friendly or sustainable under SFDR or other applicable local directive?
 Yes No
34. What controls, governance and board oversight are in place to satisfy these ESG requirements?

Outside Directorships

35. Does the Insured have representation on portfolio companies' boards? Yes No

If **'YES'**, please complete the following question:

a. How many outside director positions do the employees of the Proposer hold?

b. Does the Insured provide directors for any portfolio companies that are listed on a stock exchange?

Yes No

c. Does the Insured provide directors for any US incorporated portfolio companies?

Yes No

If **'YES'**, please provide details:

36. Does the Insured require the portfolio companies to purchase directors and officers liability insurance?

Yes No

Claims Information

37. Please read the following statements and confirm as indicated below:

- a. No claim, proceeding or demand has been made or brought against the Insured or any of its directors, officers or employees in the last five years (*whether insured or not*);
- b. The Insured or any of its directors, officers or employees have not been the subject of any regulatory, administrative or governmental investigation in the last five years (*whether insured or not*);
- c. No crime losses have been sustained by the Insured in the last five years (*whether insured or not*);
- d. The Insured, after enquiry, is not aware of any act, error, omission, event, circumstance or incident which may give rise to a claim, proceeding or demand or any regulatory, administrative or governmental investigation or crime loss.

All the statements above are true and accurate: Yes No

If 'NO', please provide details below or on a separate sheet:

Important Notice

Before commencement of any insurance policy, the Insured is required to make a fair presentation of the risk. The Insured must disclose all material circumstances which the Insured knows or ought to know or, failing that, has given us, Inigo the Insurer, sufficient information to put a prudent insurer on notice that it needs to make further enquiries for the purpose of revealing those material circumstances.

A material circumstance is one which would influence a prudent insurer's judgement of the risk. If the Insured has any questions regarding the duty to make a fair presentation of the risk then please contact your broker for further information.

Declaration

It is declared that the Insured has made a fair presentation of the risk. This declaration is signed by the director officer who is responsible for arranging insurance on behalf of the Insured.

Signature:

Position:

Date: / /

This proposal form should be signed no earlier than 30 days prior to inception of the policy.

Data Protection Notice

Inigo collects and uses information, including any relevant personal data, provided by the Insured in order to consider providing an insurance quote for the Insured and any other entities or individuals intended to benefit from the proposed insurance.

If Inigo needs to process or obtain any special category data not provided by the Insured within this proposal form then Inigo will seek consent from the Insured before doing so. If the Insured is providing any personal information on behalf of an individual, then the Insured must inform that individual of this notice.

Inigo may share the information collected with a number of third parties including but not limited to agents, brokers, reinsurers, regulators and law enforcement agencies. Inigo will only disclose any personal information to the extent required or permitted by law.





If the Insured or any individual wishes to contact Inigo regarding their data and rights then please contact Inigo's Data Protection Officer at dpo@inigoinsurance.com

Full details of Inigo's privacy policy can also be found here: inigoinsurance.com/privacy-policy



WEBSITE
inigoinsurance.com

ADDRESS
7th Floor, One Creechurch Place,
London, EC3A 5AY

 [inigoinsurance](#)
 [inigo_insurance](#)
 [inigo_insurance](#)
 [inigoinsurance](#)

